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TOPOGRAPHY AND DISEASES OF BATES COUNTY, MISSOURI.

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Dysentery.—(Continued.)

IN my last paper I spoke of some of the causes and symptoms of dysentery. I shall now speak of the *recurrence* and *non-contagiousness* of the disease, with notes of a few cases. The recurrence of dysentery involves a point that is controverted by some of the most eminent men in the medical profession; yet it is an established fact that "doctors do differ" upon many of the most prominent principles of our science, each and every one, however, being, according to the true principles of etiquette, entitled to respect where his observations are founded upon strictly pathological grounds, their theory being demonstrated by experience. Dr. Austin Flint, in an article published in the *New York Medical Journal*, entitled "Observations on Non-recurrence of Secondary Attacks of Dysentery," argues the non-recurrence of dysentery from the fact of having observed sixteen persons subsequent to recovery from dysentery, from periods varying from one to thirteen years (one in the interval having died of phthisis), not one of the remaining fifteen having experienced a second attack of dysentery. The Professor thinks, from this fact, and perhaps others, that patients not only enjoy good health after experiencing an attack of dysentery, but "*it would seem, also, that patients are not liable to a repetition of the disease.*" "It would seem" that such a thing *might be*, that, in an epidemic of dysentery, even sixteen, or thrice the number, might have it and *never have it again*, and still *not prove* "that patients are not liable to a repetition of the disease." Dr. Andrew F. Jeter, in the *St. Louis Medical and Surgical Journal* (vol. xii., p. 140), remarks: "In 1846, I was the subject of an attack of dysentery, and judging from the amount of pain attendant, thought it a severe case. In 1847, however, I had an attack more violent and protracted than the one of the former year. Since that season I have practised every year where it prevailed epidemically—during which

time I have had four additional attacks, two of which were of a character so grave as to render recovery for a time doubtful. So, you will perceive, I have six several times in my own person, and in different seasons, suffered severe and unequivocal attacks of dysentery. Although I have kept no record of the number of cases, yet more than thirty instances of recurrence of dysentery among my neighbors and acquaintances, now occur to my memory, in some of which the disease has occurred three or four several times. I have recently attended four members of a family severely afflicted with dysentery, all of whom I treated for the same disease, two years ago, and another member of the same family, living in an adjoining county, has had the disease every summer for the last five."

In the summer of 1854 I had an attack of dysentery; so also did my wife. In 1855, we both had a second attack, severer than the former. Out of 250 cases that came under my observation during the last five years, 130 were cases of recurrence, 10 of them, according to their own testimony, having had the disease as many as eight times. For the last six years this disease has been epidemic in parts of this County, and it was not at all uncommon to hear patients express themselves as having had the disease every year since its occurrence. In fact, it would seem more plausible to conclude that the system would be more susceptible to dysentery after one attack, than to suppose that one attack would destroy our susceptibility to the recurrence of the disease.

In reference to the contagious and non-contagious nature of dysentery, there are divers opinions among the profession. Dr. Eberle contends that it is not contagious. Dr. Watson says, "That dysentery is, in itself, a *contagious* malady, we have no satisfactory evidence. In its sporadic form, in this country, we never see it spread from person to person. But it is a prominent symptom in some epidemic visitations of continued fever, which is undoubtedly contagious. To this fact I am inclined to attribute the notion, formerly much more common than it now is, that simple dysentery is catching." (See *Practice of Physic*, edited by Condie, p. 816.) The profession here are divided upon this point; those who favor the doctrine of contagion argue that "it is contagious from the fact that it frequently goes through whole families where it once begins, and even through whole neighborhoods, spreading through the medium of nurses, or those who visit the sick rooms." Dysentery prevails in this county mostly from May till along in November. It is confined to no particular age or sex, but prevails mostly in regions of swampy, low lands, and in connection with intermittents. In 1852, its febrile character was that of bilious fever; in 1854, that of an intermittent type; and in 1855, that of typhoid fever. Generally speaking, its febrile character is governed by the prevailing fever of the season. It is always preceded and followed by agues. In its simple form, it seldom continues longer than from five to eight days; but in its more aggravated forms, from fifteen

to twenty days. The disease is marked by great debility and extremely slow convalescence, especially in persons of naturally debilitated constitutions.

We have now glanced at the most particular points connected with dysentery as it prevailed in Bates County; but if there are any items that have been overlooked, perhaps they may be exemplified by notes of several cases taken from my note-book.

CASE I.—Mrs. S., æt. 62, widow; borne nine children; been laboring under excrescence of the uterus for nearly ten years; quite feeble and childish. Attacked on the 4th of July, 1855, with griping in the bowels, and discharging blood streaked with a slimy mucus.

July 5th.—First called; had been taking "Godfrey's cordial" and a few other nostrums; found her as follows. Pulse hard, accelerated, 130; skin dusky and yellow tinged; bowels tender on pressure, and tumid; dejections excessively painful, frequent, of a bloody mucous character, offensive. Patient says she has discharged "half a gallon of pure blood" since she was taken ill. Ordered, hydrarg. sub mur., ℈i.; pulv. ipecac., ℈iss.; pulv. camph., gr. xii.; morph. sulph., gr. i. To be divided into four powders, one to be taken every three hours; in one hour after the last dose, half an ounce of sweet oil; gum water for drink and mutton soup for diet; sinapisms to the abdomen, followed by warm flannel cloths.

6th.—Pulse the same; bowels not quite so sore; stools the same; skin moist; tenesmus. R. Tannic acid, gr. ij.; cretæ prep., charcoal, āā gr. vi. M. To be given after each operation; warm flannels saturated with tr. camph. et capsici to be kept to the bowels constantly; regimen same as yesterday; and R. blue mass, gr. vi.; pulv. ipecac., gr. x.; M.; in three pills at bed time.

7th.—Tenesmus; tormina; stools about the same, perhaps not quite so frequent; pulse full, 100; astringents continued; bowels bathed the same; blue mass, gr. vi., at bed time.

8th, 3 o'clock, A. M.—Called in haste; patient comatose; pulse thready and irregular; complains of no pain in the bowels; discharges light, frothy green, about half blood, wonderfully offensive. R. Tr. ferri mur., gtts. x. every three hours; surface to be bathed with tr. camph. et capsici, three or four times per diem. Other treatment continued.

12 o'clock, M.—Symptoms same. Treatment continued.

6, P. M.—Dejections frequent, attended by no pain, of a light, frothy green color, mixed with blood and penetrating. Blister 8 by 10 to the abdomen, to remain twelve hours, then dressed with savine cerate; other symptoms the same. Treatment continued.

8th.—Still comatose; pulse weak and small; no pain; blister does well; discharges the same; skin hot and dry; tongue yellow and dry. Treatment continued.

4 o'clock, P. M.—Pulse same; respiration hurried; countenance Hippocratic; blister dressed as before; has discharged considerable pus; bowels not painful; passed eight scybala since 6 o'clock

this morning, of the size of large buck-shot, with considerable fresh blood. Treatment continued.

9th.—Symptoms same, except bowels a little tender on pressure. Gave astringent powders, increased one half, *per rectum*, every two hours with starch water; blister doing finely—some complaint of it; tr. iron and bathing continued.

4 o'clock, P. M.—Patient talks a little and appears better; pulse has a little more volume and yielding; complains of blister very much; discharges not quite so often, and tar-colored—caused by the iron; no blood, but considerable pain while at stool. Treatment continued. Mutton soup allowed *ad libitum.*

10th.—Pulse a little stronger; skin warm and moist; rested well last night; had ten evacuations since 4 o'clock yesterday; no blood; pain while at stool. Tr. iron increased to gtts. xx. every four hours. Other treatment continued.

11th.—Not so well to-day; some fever and headache this morning; bowels, &c., the same; had to stop enema on account of slight appearance of piles; astringent powders as on the 6th, with one eighth of a grain of morph. sulph. added to each powder. Other treatment continued.

12th.—Symptoms same. One grain sulph. quinia every four hours. Other treatment continued.

13th.—Symptoms a little more favorable. Treatment continued.

14th.—Disease succumbing; took a little boiled milk thickened with a little flour. Treatment continued.

15th.—Rested but little last night; says she feels very "faint"; pulse flagging; discharges a little more bloody and penetrating; bowels tender on pressure, and at stool. Treatment continued.

16th.—Rested better; had two alvine discharges through the night, a little more natural than common; tenesmus still troublesome. Treatment continued.

17th.—Patient complains of "so much weakness"; ordered f ʒ ss. brandy toddy *ad libitum;* abdominal symptoms the same; directed patient to take mutton soup at pleasure. Treatment continued.

18th.—Says she feels "strong" this morning; had four alvine discharges since yesterday evening; no blood, but composed of green and yellow pus, probably the latter coming from ulcers existing in the lower portion of the colon; patient has taken soup and toddy freely—says "they taste good." Treatment continued.

19th.—Pulse 60; skin moist and color good; bowels yet tender and troubled with tenesmus; discharges more natural, no blood; yellow pus still from the ulcers. Regimen and treatment continued.

20th.—Improving; astringent powders stopped, and the following given as *locum tenens.* R. Misturæ cretæ, f ʒ ij.; tinct. catechu, f ʒ ss. M. f ʒ iss. given after every operation; and the following. R. Quiniæ sulph., gr. iv.; pulv. Doveri, gr. ij.; morph. sulph., gr. ss. M. To be given three times per diem; bowels to be bathed occasionally with tr. camph. et tr. capsici; diet the same; tr. ferri mur. continued.

21st.—Improving in all respects. Treatment continued.

22d.—Sat up a few moments in bed; symptoms still improving; takes mutton soup regularly. Treatment continued.

23d.—Improving; discharges nearly natural, occasionally streaks of yellow pus; not much pain; pulse 54, good; takes soup freely; quite fretful; wants to eat everything she sees. Treatment continued.

25th.—Patient quite cheerful, and sits up a few minutes several times through the day; says she feels quite strong; appetite good. Ordered tonic and quieting powders three times per diem for ten days; also, astringent mist. and tr. ferri mur. three times a day for ten days. On the 10th of August patient walked across the room, and sat at the table and took tea. Now, Feb. 3d, 1856, she enjoys uncommonly good health. In 1840, this lady had the same disease, though not so violently.

Case II.—An infant daughter of Mr. Trim, æt. 20 months, who had always been healthy, was attacked, on the 20th of July, with griping and discharging blood. A quack was sent for and *tea'd* the poor child with oak-bark ooze, &c., till the 25th, when I was sent for, and found her as follows. Collapse; extremities cold and skin purple; bowels tender and discharging blood almost constantly; pulse almost imperceptible at wrist. Ordered hydrarg. cum creta, gr. vi.; pulv. Doveri, gr. i. M. To be given every three hours till four doses are taken, then followed by half an ounce of olive oil; after which the following. R. Mist. creta, f ʒ i.; tr. catechu, f ʒ ss. M. Thirty drops every twenty minutes; warm bath every three hours, with cold applications to the head.

26th.—Patient no better. Pupils contracted; eyes continually in motion; extremities cold; great dyspnœa; bowels no better. Astringents and bath continued.

27th.—Had convulsions. Fast succumbing. Treatment continued.

28th.—Sinking fast. Medicine stopped. Died at 12 o'clock, M. This patient had ague for two weeks prior to the attack of dysentery.

Case III.—Miss S., daughter of Case I., æt. 19, delicate constitution, was attacked on the 9th of July with griping and discharging blood and mucus. Ordered hydrarg. sub mur., gr. xxv.; pulv. opii, gr. iv. M. To be divided into four powders, one to be taken every two hours, and followed by f ʒ iss. olive oil.

11th.—Had four discharges without blood; pulse 90, full and accelerated; had a slight chill this morning; tenesmus not so bad as yesterday; bowels tender on pressure, and tumid; complains of pain in the back. Ordered quinia sulph., gr. xxx.; pulv. Doveri, gr. xx. M. To be divided into twelve powders, one to be taken every two hours. Also, mist. creta, fʒij.; tr. catechu, f ʒ i. M.; f ʒ iss. to be given every operation; sinapisms to the bowels and blue mass, gr. viii. at bed time.

12th.—Slept well last night. Bowels not so tender, nor tenesmus

so bad; a slight chill this morning; discharges mixed with blood. Ordered mutton soup *ad libitum*. Treatment continued.

13th.—No chill this morning; pulse but little excited; bowels the same. Treatment continued.

14th.—No chill; bowels a little better; not so much pain at stool. Treatment continued.

15th.—Bowels better; no blood—discharges bilious and with but little pain; sat up at noon a few moments. Treatment continued, except the tonic, which was stopped.

17th.—Convalescing. R. Tr. ferri mur., gtts. x. every three hours, and astringent mist. *pro re nata*.

20th.—No symptoms of dysentery. Discharged.

Case IV.—Infant, daughter of Mr. Thomas, æt. 18 months; healthy since birth. Attacked on the 5th of July with dysentery.

8th.—Called, and found the patient discharging blood. She had tenesmus and tormina. Ordered hydrarg. cum creta, gr. xvi.; pulv. ipecac., gr. xv. M. To be divided into three powders, one to be given every three hours, and followed in two hours after the last dose, by ʃʒss. olive oil; sinapisms to the bowels, and warm bath every six hours. As the mother was not well, ordered it not to take the breast, but to be fed on sago and boiled milk.

9th.—Bowels better; no blood of consequence, and not so much tenesmus; had a chill this morning, followed by high febrile excitement. Ordered quinia sulph., gr. x.; pulv. ipecac., gr. xx. M. To be divided into five powders, one to be taken every four hours. Other treatment continued.

10th.—Had a chill this morning, not so hard as the former one, but attended with more fever; bowels better; skin moist; tongue coated. Treatment continued.

11th.—No chill; but little fever; bowels still better; discharges natural, but too frequent; skin moist. Treatment continued.

13th.—Convalescing. Treatment continued.

15th.—No fever, and bowels nearly normal. Ordered quinia sulph., gr. ij., three times per diem for six days, and chalk mixture *pro re nata*. Discharged.

Case V.—Matt. Cherochee, æt. 63, of intemperate habits, was attacked on the 10th of July with the usual symptoms of dysentery. Dr. Requa in attendance.

Aug. 3d.—Called in consultation, and found the patient as follows. Collapse; cold, clammy sweat on forehead and chest; extremities cold; skin purple and hard; countenance Hippocratic; bowels discharging constantly a light, frothy green mucus mixed with blood; complains of no pain; pulse imperceptible at wrist; dyspnœa; constantly picking at bedclothes and nose. We agreed to place him upon the following treatment. Cups to the bowels; warm bath of tr. camph. et capsici every three hours, and flesh rubbed, till dry, with flesh brush. Also Hydrarg. sub mur., gr. x.; pulv. opii, gr. v.; pulv. ipecac., gr. iiss.; pulv. camph., gr. x. M. and divide into five powders, one to be given every two hours; and

in two hours after the last dose, to be followed by fʒii. olive oil. Also, tr. ferri mur., gtts. xx. every four hours. Mutton broth *ad libitum*.

4th.—Had two alvine discharges, which were composed of about half bile, the rest blood; appears livelier; pulse better, but small and flagging; skin a little moist, and bowels tender on pressure; tenesmus not so severe. Has taken about half a pint of broth since yesterday. Treatment continued (five powders of calomel, &c., followed by oil). Regimen same.

5th.—Discharges dark and penetrating. Other symptoms same as on yesterday. Treatment continued.

4 o'clock, P. M.—Patient comatose. Pulse irregular and thready; bowels same. Calomel, &c., stopped, and the following given as *locum tenens*. R. Tannic acid, gr. iv.; pulv. ipecac., gr. v.; morph. sulph., gr. $\frac{1}{8}$, M. and give every hour for eight hours. Other treatment continued.

6th.—Sinking. Pulse imperceptible; respiration hurried and difficult; extremities cold; speechless. All treatment stopped but vini ʒiss. every two hours.

7th.—Sinking. Died at 5, P. M.

This patient had ague for four days previous to the dysenteric symptoms appearing, which continued for forty-eight hours after the dysentery set in, then assuming a typhoid character.

We might add more cases, but we fear the patience of the reader would be wearied, as perhaps it is already. So with a few remarks upon the treatment of dysentery with us, we shall close.

Bloodletting is seldom practised here, only by the way of cups. Mercury, in small doses, combined with ipecac, opium and camphor, is the main treatment in the first stage. The astringents used are tannic acid, catechu, kino and the chalk mixture. Sinapisms and the warm bath are of considerable service throughout the disease. Where there is much febrile excitement, quinine is of great service; and where the disease contra-indicates quinine, the muriatic tincture of iron is invaluable; in fact, I have not found a case where it did not prove beneficial. Some few use the carb. soda and cremor tarteri, but I am doubtful of its efficacy in this disease.

Butler, Bates County, Mo., 1856.

HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

Men are familiar with the advertisements of disguised medicines, which continually appear, and sink into neglect, again to be brought forward under a new name, and perhaps slightly altered in appearance. It is now difficult to find a person who credits what is urged in favor of any one of these nostrums; and they are used, for the most part, when a cheap article is made choice of, such directions as go with them being cheaper than the advice of a physician.

They manage such things differently in Germany. Besides the usual extravagant pretensions, each one is there specially anxious to show that his own nostrum is in the height of fashion, and is used by the nobility everywhere. They endeavor to get the recommendation of some prince or baron, and sometimes with success. The same course was followed by those charlatans who got up the system of medical practice called homœopathy; and when it was imported into this country, that course being continued here, some of the American "aristocracy" were a little, a very little, imposed on thereby. But if any wish to inquire, they can find that homœopathy has for sixty years been scouted by nearly all persons of the higher ranks in Europe; and that the only evidence that it ever was fashionable, is derived from some homœopathic source. The kind of evidence that a lawyer delights in, is that which is wrung from the witnesses of his opponent; and we in this paper rely chiefly on the writings of the homœopathists themselves. Their periodicals are all in reality quack advertisements, under the disguise of scientific publications, as any well-informed person may ascertain by examination. Though no more credible than such advertisements in other cases, especially when they speak of their success, yet that which they contain adverse to their own pretensions is not unworthy of observation. They continually complain that they are subjected to the laws against quackery, which exist in most European countries, and are enforced more or less strictly in different places.

From the *British Journal of Homœopathy*, published at London, Oct. 1853, p. 665, it appears that no homœopathist ever practised in the large republican city of Frankfort before 1848; that one who began business there, about that time, was soon expelled from the city by the magistrates, solely on account of his method of practice; that he then took up his residence in a neighboring village, within the bounds of Hesse Cassel, and visited his patients in the city as before; and that for these visits he was fined and compelled to leave the neighborhood. From the silence of subsequent publications it would seem that no homœopathist has been permitted to practise there since.

In the same quarterly, for July, 1853, p. 485, it is said that homœopathy was never practised in Rome until Dr. Wahle removed there in 1843, after his residence at Leipsic had been made disagreeable by "persecution"; and that for a long time he met with great difficulties in getting permission to begin business, though latterly his practice was large. It appears from the article that the time when those difficulties were removed, and his practice became large, was at the setting up of the last Roman Republic in 1848. At the restoration of the Pontifical government, his practice seems again to have been interfered with, for it is mentioned that he had leisure to travel into the north of Germany.

In the *North American Homœopathic Journal*, published at New York, May, 1852, p. 127, speaking of late political events, it is

said that in France, Italy and Germany, revolutions, and still more reactions, have hindered the progress of homœopathy; and that tyrants, at the instigation of their court physicians, will not foster it. From this it should perhaps be inferred that after the revolutionary movements of 1848 were subdued, the homœopathists were again subjected to the degradation from which the outbreak had relieved them, and that the laws against them were executed more rigorously than before, because some had neglected homœopathy to meddle with state affairs. In the *Quarterly Homœopathic Journal*, published at Boston, July, 1850, p. 300, it is said that Dr. Wurmb, one of the first homœopathists in Vienna, was a captain in the students' legion, during the revolution, and took part in one of the battles; and that the reaction has nearly destroyed him.

The *Philadelphia Journal of Homœopathy*, for Feb., 1854, p. 688, says that homœopathic practice, after a comparatively free course in Bavaria for twenty years, was interdicted in 1842 in all the public institutions of the kingdom; and that in 1848, the year of the revolution, the prohibition was removed, but was again imposed soon afterwards.

The *British Journal of Homœopathy*, for April, 1855, p. 328, says that homœopathy was prohibited in Austria in 1819; and though that prohibition was said to have been removed a long time afterwards, their journals also say other things inconsistent with that assertion. The *Quarterly Homœopathic Journal*, for July, 1850, p. 305, speaking of Austrian tyranny since the revolution, says, "the rescript of the government, permitting the homœopathic practice to all physicians, has never been allowed to be published." That rescript would seem to have been the product of the revolution, and to have lost its force when the emperor recovered his power; and, it is said, on the same page, that some homœopathists, "in order not to be discovered, pretend to prescribe allopathic medicines which their patients never take, using homœopathic medicines all the time according to the actual directions." Instead of appearing openly, as men of fashion like to appear, they are obliged to hide their doings from the police. Still, it has repeatedly been written that homœopathy is more flourishing in Austria than on any other part of the European continent; and since they are reduced to such expedients, how must they manage in places where they are yet more restricted? As astrologers and other fortune tellers have managed to lurk in the shade when their arts are prohibited, so homœopathy has by some means prolonged a degraded existence without being able to convince magistrates that its pretensions are true. Were they true, it must have been eagerly received by all, more than fifty years ago. It is now practised by only a few hundred in all Europe, while of regular physicians there are hundreds of thousands.

The *North American Homœopathic Journal* for May, 1853, p. 271, contains an extract from the *Zeitschrift für Homœopatische Klinik*, published in Germany. It gives an account of the state of homœ-

opathy in 1852. It recognizes its low state in Prussia, and other northern parts of Germany; also in France, Sweden, Denmark and Russia, but says it flourishes in Austria, Bavaria and other southern countries of Germany. It says that in England it flourishes more than in Germany itself; that the number of practitioners is there large, and that, "above all, America seems to have given it the warmest embrace." The *British Journal of Homœopathy* for July, 1853, p. 480, speaking of a register of the names of their practitioners in Europe and America, says "the latter, especially, is a most formidable list." We have here important data. The United States, it would seem, contain more homœopathic practitioners than Europe, England more than Germany, and the south of Germany more than the north.

The *North American Journal of Homœopathy* for Nov., 1852, p. 493, contains a list of their practitioners in New York and the principal Atlantic cities. The editors show an anxiety to make the number appear as large as possible. The number given for New York city is 62; for the rest of the State, 242; Philadelphia, 53; Boston, 20; Providence, 9; Baltimore, 10; Washington, 2. Total, 398. This is the list so much admired by the Europeans; and as in the scattered population of the south, and of the country towns of the west and east, they fail in finding adherents sufficient for support, there is no reason to suppose that one hundred others could have been reckoned in the country.

The *Quarterly Homœopathic Journal* for April, 1850, p. 285, quoting the *British Journal of Homœopathy* for the January preceding, gives a list of the British practitioners. The number is 48 in London, 51 in the rest of England, 10 in Scotland, and 7 in Ireland. Total, 116. Though the number in Germany they thus show to be insignificant, no credible evidence is found that it ever was larger. The Central Homœopathic Union of Germany, which collects to its meetings as many as possible of the practitioners of that country, held its annual meeting in 1854 at Weimar, in a densely populous region traversed by railroads. The number present was published, for it seems to have been unusually large. It was twenty-seven, of whom two were styled apothecaries, and one a veterinary surgeon. The year previous, the meeting was appointed at Hesse Cassel; but the homœopathists were prohibited by the sovereign of that country from assembling within his dominions. (See *Brit. Jour. Hom.*, Oct., 1853, p. 668; and Oct., 1854, p. 683.)

As men of eminence have in some instances resorted to homœopathy, in times of doubt and terror, so they have resorted to dealers in false pretensions of other kinds. The last-named journal for Oct., 1853, p. 670, publishes a certificate alleged to have been signed by the Marshal de St. Arnaud, declaring that he had just been completely cured, by homœopathy, of a disease that for fifteen years had seriously troubled him. The disease referred to must have been the one which soon afterwards proved fatal to him, at the close of the battle of Alma. The same page contains his answer

to a request that he would use his influence to relieve the homœopathists from the legal disgrace that burdens them in France; but though he was then Minister of War to Louis Napoleon, he with some ambiguous, courtly expressions of regard, declined to take the first step in the matter. Though he consulted them as he might have consulted fortune tellers, he seems to have held them in no higher estimation.

The degree of success, which has attended them in this country, has resulted chiefly from their groundless assertions that they are everywhere patronized by the most fashionable, the most intelligent, and the most learned; and in fact some of the American literati appear to have been rather easily captivated by their elegantly printed publications, and even half convinced by their external appearance alone. There is a sort of natural philosophy, admired by many, called transcendentalism, whether correct or otherwise it is not to the purpose here to inquire; but the chief of the works on homœopathy are written in the style of transcendentalism, and contain many of its peculiar expressions and modes of thought. Yet it is not transcendentalism, but an imitation of it merely; so, of course, the German metaphysicians consider it, or they would not have despised it, as they all do, except some few of very peculiar acuteness of penetration. Had they received it, the practice of it would never have been forbidden. It is not only counterfeit science, and counterfeit fashion, but counterfeit transcendentalism. The American votaries of this philosophy have, some of them, been prone to take the counterfeit for genuine; and it is not rationally to be expected that such as have resided not many weeks in the neighborhood of German libraries, and are but moderately well versed in the things of Germany, can have developed those powers of detecting German counterfeits, which the natives of the land themselves possess.

On Reduction of Dislocated Maxilla.—Dr. Leo, in *Schmidt's Jahrb.*, Band lxxxvii., 233, strongly recommends the following procedure, on account of its simplicity and easy execution. The surgeon places himself behind the patient (who is sitting) on the right side, taking his head under the left arm and pressing it against the chest. He passes the thumb of the right hand into his mouth as far as the last teeth on the right side of the jaw, surrounding the external side of the jaw with his other fingers, and exerts moderate pressure downwards. As soon as the jaw becomes movable he presses it backwards. In dislocations of the left side, he fixes the head with his right arm, and replaces the jaw with the left hand; and when the dislocation is double, he reduces first one side, and then the other.—*Brit. and For. Med. Chir. Review.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.
L. PARKS, JR., M.D., SECRETARY.

MAY 31st, 1856. The President, Dr. CHANNING, in the chair.

Dr. H. R. STORER showed a uterine tumor, and related the case.

The patient, a widow, had been married twice, and had borne children. She had for four years suffered from constant, and sometimes alarming, hemorrhage from the womb, though she had passed the critical time of life six years previously to the commencement of the metrorrhagia. On examination, Dr. Storer found a pendulous mass just emerging from the os uteri, which was very high up. The uterine orifice having been dilated with a sponge tent, and ergot administered, a wire was with difficulty passed around the neck of the tumor, and unsuccessful attempts made to divide it by means of the wire, which gave way. Lithotomy forceps were then introduced, and with the aid of them a portion of the tumor was broken up, and another portion drawn down and cut off. Considerable hemorrhage followed, but it was controlled by the tampon. Ergot was also again given. If further trouble should ensue from the hemorrhage, Dr. Storer declared it to be his intention to cauterize the interior of the womb with caustic potash.* He considered the tumor to be fibrous, and attached to the fundus. On examination by Dr. Ellis, it was found to be very vascular.

The President, on being informed by Dr. Storer that the vascularity extended into the substance of the tumor, observed that the case was on this account interesting, as being a remarkable exception to the common rule, fibrous tumors of the uterus being vascular only on the surface.

Dr. H. R. Storer regretted to differ from Dr. CHANNING on this point.

Dr. Channing quoted Churchill and Simpson in favor of his position.

Dr. STORER, senior, while admitting the general rule to be that fibrous tumors are vascular only on the surface, quoted exceptional cases, in which bloodvessels were found in the interior of these bodies.

[In addition to Churchill and Simpson, we find Sir Charles Clarke, Boivin and Ashwell, stating that the vascularity of fibrous tumors is confined to the envelope. On the other hand, Paget† says, "As a general rule, the vascularity of a fibrous tumor is in an inverse proportion to its singleness and toughness of construction; for the bloodvessels, as in the natural fibrous structures, are distributed chiefly or exclusively in the fibro-cellular tissue, partitioning and investing the dense substance. The tumors thus present various degrees of vascularity. Some, when the vessels of the uterus are fully injected, appear still quite white; but some appear as highly colored with the injection as the uterus itself."—SEC.]

Dr. Storer, senior, remarked that operations on such tumors should not be performed during the *molimen hæmorrhagicum* of the menstrual epoch. He related the case of a woman, in whom he found a polypus of the womb. This was at the menstrul period. A few days afterwards she went to the Mass. Gen. Hospital, when, on examination, the tumor could not be found. At the next menstrual epoch, the polypus again came within reach.

Dr. LYMAN asked the nature of this last-mentioned polypus.

Dr. S. replied that it would be difficult to decide, but that it felt firm to the finger.

* The Secretary cannot forbear to express his astonishment at this extraordinary proposition.
† Surgical Pathology, p. 399.

In connection with a case reported by Dr. C. D. Homans, Dr. Bowditch took occasion to quote the remark of a clinical lecturer, that, disease of the chest being found to exist by physical exploration, or autopsy, physicians should beware of doubting hastily the diagnosis of a previous auscultation, as structural changes within the thorax were liable to take place with great rapidity.

Dr. Bowditch had been called to a patient with some pleuritic pain, who had also had dyspnœa, which had diminished at the time of Dr. B.'s visit. There was slight cough, with some expectoration. Inspection and percussion detected no difference between the two sides of the chest. Yet there was entire absence of respiratory sound on one side. There was no metallic tinkling, except just at the base of the lung, where there was also metallic resonance. The diagnosis was latent pneumo-thorax.

The President had observed a case of pneumonia in which, at the first examination, the signs were of marked intensity, and yet, four days afterwards, they had entirely disappeared. There was in the case one unusual symptom—diarrhœa, with the excessive tympanitis characteristic of puerperal fever. To remove the tympany, he introduced a gutta percha tube, *per rectum*, to the distance of two feet, and with the discharge of a large volume of gas, together with some liquid and fæces, to the great relief of the patient. He used the tube in this case four times successfully, while in another case he failed to pass the tube far enough. He regretted that this expedient had not been tried in the tympany of typhoid and puerperal fevers.

Dr. Homans, senior, had tried it in colic, without success, although in one case the tube entered 24 inches.

Dr. Bowditch, on the other hand, recollected a case in which the greatest relief was conferred by this remedy on several occasions.

Dr. J. B. S. Jackson suggested that success might in these cases depend on the position of the gas—whether in the large or small intestine. He remarked that care should be used in passing instruments into the rectum, as he had seen at autopsies perforations from the passage of rectum bougies, and, in one case, perforation by the nose of a syringe, which had injected fluid into the cellular tissue to a great extent along the back of the patient.

The President pointed out the fact that it was not with flexible gum elastic tubes that these injuries were wrought.

Bibliographical Notices.

The Microscope and its Revelations. By William B. Carpenter, M. D., F.R.S., &c. Philadelphia: Blanchard & Lea. 8vo. Pp. 724. 1856.

Within the last two or three years, there have been published many very valuable works, giving the results of innumerable and laborious investigations into the minute structure and ultimate composition of many classes of the animal, vegetable and mineral kingdoms. A very rapid progress has been made, in England, France, Germany and the United States, in microscopic study, as is attested by the importance now placed upon the aid of the microscope, by the anatomist, zoologist, botanist and mineralogist. The great work of Lebert, now in process of publication, the lectures of Paget upon tumors, the pathological anatomy of Jones and Sieveking, the manuals of Bird, Bennet, Beale and Bowman, on clinical medicine and

medical chemistry, each and all recognise the great value of the microscope in the determination of the nature and classification of normal and pathological productions; and it does, in reality, seem as if the day were approaching, when we shall be able to classify morbid productions, from an examination of their ultimate structure, much more accurately than we do now from their general appearances and history.

Upon general subjects of natural history, likewise, many treatises have been recently published, founded upon the microscopic structure of the bodies considered. The valuable Micrographic Dictionary of Griffith and Henfrey, Quekett's Lectures on Histology and the Catalogue of the Histological Museum of the College of Surgeons, Robin's Vegetaux Parasites, Robin and Verdeil's Chimie Anatomique, the Journal of Microscopical Science and the Transactions of the Microscopical Society, with many other similar works, have enriched the library of the scientific physician. These works, however, have been almost exclusively devoted to some particular branch of microscopical study, or to a description of different kinds of microscopes and their accompanying apparatus.

Until the appearance of Dr. Carpenter's book, the Microscopic Dictionary was the only work which made any pretence to give an account of all the minute structures recorded; and for just such a work as this of Dr. Carpenter, there has been a great demand. In it, he has combined a large mass of practical information upon the instrument itself, its accessory apparatus and methods of management, with directions for the collection, preparation and preservation, of objects, so as to make this portion of the work alone very valuable. The body of the work is taken up with descriptions of the microscopic forms of animal and vegetable life, presenting an account of what is known of the general structure of all the classes, and giving examples of most of the tribes and genera. In the chapter upon vertebrated animals, the general anatomy of bone, muscle, gland, fat, and other tissues, is given; and in the last chapter, the application of the microscope to geology and mineralogy.

The author, in his English edition, has omitted all reference to pathological inquiry, and to the adulteration of food and medicines; and upon a few subjects, which are fully described in special treatises, such as the structure of insects and the primary tissues of vertebrata, he has not entered into detail, as in other portions of the work. The American editor, however, having made no changes in the text, has appended a chapter of sixty-four pages upon the clinical application of the microscope, which adds greatly to the value of the work, especially to the physician, as it is a manual itself upon this subject, and fully supplies the deficiency of the English edition in this respect. An account of the American microscopes of Spencer, Granow and Queen, and of the chemical microscope of Professor Smith, is also added. The work is illustrated by over four hundred well-executed and really useful delineations, one hundred of them being introduced into the appendix of the American editor (Dr. F. G. Smith), or the benefit of the physician and the pathologist.

We cannot better complete our notice, than by giving a few passages, extracted from the work, which may perhaps serve the purpose of conveying a worthier view of its character than any further words from our pen.

In speaking of Entozoa, Dr. Carpenter says, that few among the recent results of microscopic inquiry have been more curious than the elucidation of the real nature of the bodies formerly denominated *cystic* entozoa, which have always ranked until recently as a distinct group. These are not found

in the cavity of the alimentary canal, but occur in the substance of solid organs, as glands, muscle, &c. They present themselves to the eye as bags or vesicles of various sizes, sometimes singly, sometimes in groups; but, upon careful examination, each vesicle is found to bear, upon some part, a "head" furnished with hooklets and suckers; and thus may be either single, as in *Cysticercus* (the entozoon whose presence gives to pork what is known as the "measly disorder"), or multiple, as in *Cœnurus*, which is developed in the brain, chiefly of sheep, giving rise to the malady known as the "staggers." Now in none of these *cystic* forms has any generative apparatus ever been discovered; and hence they are obviously to be considered as imperfect animals. The close resemblance between the "head" of certain *Cysticerci* and that of certain *Tæniæ*, first suggested that the two might be different states of the same animal; and experiments, recently made, have led to the assured conclusion, that the *cystic entozoa* are nothing else than *cestoid* worms, whose development has been modified by the peculiarity of their situation. The large bag of the cystic entozoa being formed by a sort of dropsical accumulation of fluid, when the young are evolved in the midst of solid tissues; whilst the same bodies, when conveyed into the alimentary canal of some carnivorous animal, begin to bud forth into segments, the long succession of which, united end to end, gives to the entire series a worm-like aspect.

In many insects of the Fly kind, the foot is furnished with a pair of membranous expansions, termed *pulvilli*, commonly known as "valves," and these are beset with numerous hairs, each of which has a minute disk at its extremity. This apparatus has always been supposed to be, and it is evidently, connected with the power which these insects possess of walking upon smooth surfaces, in opposition to the force of gravity; yet there is considerable uncertainty as to the precise method in which it ministers to this faculty. It has generally been believed that the valves act as "suckers," being held upwards by atmospheric pressure; but the recent careful observations of Mr. Hepworth, published in the *Quarterly Journal of Microscopic Science*, have led him to a conclusion which seems in harmony with all the facts of the case, namely, *that the minute disks, which exist at the extremity of the individual hairs upon the pulvilli, act as suckers*, and that each of them secretes a liquid which, though not viscid, serves to make its adhesion perfect.

Dr. Carpenter states that in examining the curious provision which certain animals have of changing color, as exemplified in the skin of the cuttle-fish and the squid, it is found that the pigment-cells may present very different forms, being sometimes nearly globular, whilst at other times they are flattened and extended into radiating prolongations; and by the peculiar contractility with which they are endowed, they can pass from one to the other of these conditions, so as to spread their colored contents over a comparatively large surface, or to limit them within a very small area, and thus alter the hue of the skin. This phenomenon may be observed in a piece of skin, detached from the living animal, and placed under the microscope, in sea-water, or it may be studied in the embryo cuttle-fish, in the grape-like eggs of this animal found attached to sea-weeds, zoophytes, &c

Dr. Burnett, in a communication to the Boston Natural History Society in 1852, stated that the changeable colors of the squid's skin are due, not to the pigment-spots alone, but to changes in the intervening tissue, and to the contraction of the muscular fibrillæ of the dermis, in changing the surface of the skin. Prof. Jeffries Wyman remarked, at that time, that he had

noticed large patches of color on the squid which occasionally entirely disappeared. Dr. Carpenter does not explain the cause of the contraction of the pigment-cell, but it is possible that the changes in the intervening tissue and the contraction of the muscular fibrillæ, alluded to by Dr. Burnett, may account for the changes referred to by Dr. Carpenter, in the pigment-matter, which changes may explain the fact observed by Prof. Wyman.

In the *Leech* tribe, the apparatus of teeth with which the mouth is furnished is one of the most curious among their points of minute structure, and the common medicinal leech affords one of the most interesting examples. It is well known that the mouth of the leech is a triangular aperture in the midst of a sucking disk, and that its bite is triangular. But it is not generally known that its bite is really a *saw cut*, or rather a *combination of three saw cuts*, radiating from a common centre. Each of the semicircular lips is a convex horny edge, bordered by a row of eighty or ninety hard and sharp teeth, and a to and fro motion is given to them by the muscular substance of the suctorial disk.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 24, 1856.

THE PHYSIOLOGICAL TEST FOR STRYCHNIA.

Our readers are aware that the known susceptibility of the common *frog* to the action of strychnia, has been recently applied by the eminent physiologist, Dr. Marshall Hall, to the detection of minute quantities of that poison. In a late number of the *Lancet*, Dr. Hall states that he has succeeded in making manifest, in the clearest manner, the *five thousandth part* of a grain. To perform the experiment, a small frog should be selected, recently taken from the pond—if possible, from the mud. The skin should be well dried by means of blotting-paper, and the strychnia, dissolved in as small a quantity of water as possible, is to be dropped on the back of the animal, so that it may become absorbed. In a short time the frog becomes affected with tetanoid or epileptiform spasm, or convulsion, on the application of the smallest cause of excitation. It is *strychnoscopic*.

In the same journal, Dr. Harley states that experiments show that when the solution is injected into the thoracic or abdominal cavities, its action is much more prompt than when applied to the skin. When the thousandth part of a grain is injected in this way, the animal became tetanic in three minutes, whereas when the frog was placed in the solution, the effect was not manifest until the lapse of an hour and a half. The spasms at first succeed each other rapidly, but the intervals are longer if the animal is allowed to remain quiet. They may be excited by a knock on the table, a stamp on the floor, or even by scratching the table cloth in the vicinity of the frog. The action of strychnia on the system is through the medium of the blood. Like all poisons, it must first be absorbed into the circulation before it can affect the nervous system. The mere application of the substance to an exposed nerve, produces no poisoning. It must first be conveyed to the spinal cord. The veins are the channels of conduction. The action of the strychnia, when introduced into a portion of the intestines isolated by ligatures, takes place freely when the lymphatics have been

tied; whereas, when the bloodvessels are ligatured, and the lymphatics are left free, poisoning does not occur in an hour.

If further experiments should establish the accuracy of this test, it will be of inestimable value, especially in medico-legal cases, where the issues of life and death may hang upon the detection of minute quantities of this subtle poison. The smallness of the dose, the facility with which it may be given, and the difficulty of demonstrating its presence after death, have led to its employment of late, in several instances, as a means of effecting murder—of which the celebrated Palmer case, which has created so much excitement, both in England and in this country, will long be remembered as an example. By means of this test, the detection of guilt in such cases will be rendered more certain, while the community will be made more secure against the repetition of such crimes. Dr. Marshall Hall is persuaded that the frog may be made available for the detection of several other poisons, with each of which the kind and form of the phenomena vary.

THE INFLUENCE OF OCCUPATIONS UPON HEALTH.

Medical observers have long recognized this influence as an important pathological element; systematic writers upon disease insist upon its consideration with great reason. Unfortunately, people in general, although in a good degree cognizant of the effects of different pursuits upon health and life, are not wont to regulate themselves accordingly, even when that is possible. To many—perhaps most—persons, stern necessity allows no adaptation of their pursuits to their physical ability; and often, too, an uncongenial and even deleterious calling must be followed under the most untoward circumstances. Its requirements are to be answered in a heated and foul atmosphere; early, late and continuously; and the remuneration for this toil is frequently only enough to sustain the artizan and his family—and if it effect that, he has no time for rest and recreation. This condition of things, although far less common amongst us than in certain other countries, is still an existing evil which might, in some measure, be remedied, if employers were more willing to relax the driving, and to open the grasping, hand of trade—to pause and rest occasionally, as well as to "*go ahead!*"

It is less our purpose, at this time, to point out the evils of over-work, than to insist upon the importance, in several points of view, of a *choice* of occupation for the young—whenever it may be had—and generally this is not difficult. The advantages of a judicious selection are incalculable. Besides that a boy should never be *forced* to enter a trade or profession for which he has no fancy, or for which he has perhaps an aversion, there are many pursuits quite ill suited to some constitutions, and others which are likely to be ruinous to them. For certain of these, young persons may have a predilection, but if it can be shown that they will almost certainly prejudice health, no reasonable parent or guardian would countenance the following them. Here the duty is clearly to dissuade, as it was in the opposite circumstances not to compel.

The number of sedentary occupations assumed by both sexes, especially in crowded cities, is very large; and, in our view, the fact is lamentable. While the studious professions are over-stocked—and which is, in itself, an ever active source of disappointment, fretfulness and even despair, to so many, waiting till "hope deferred maketh the heart sick"—the various trades are certainly crowded beyond a healthy standard. Might not many, who now wear out a short life in cities, with no exercise, or but an insuffi-

cient amount of it, both live longer, enjoy more, and finally be quite as well off, in the country, or in more active employment, wherever they reside? Who would encourage a child, even if ordinarily robust and healthy, to tie himself to the pen in a counting-room, or vegetate behind the salesman's counter in a dry-goods establishment? For ourselves, we have never believed the latter position at all to belong to the genus *homo;* the muscles, which must become flabby while measuring tape and ribbon, folding muslins, &c., might be developed to much better purpose elsewhere; as to the *brain*, we conceive it to be unnecessary to argue as to its more favorable expansion and use, away from the petty vexations and doubtful stimulus it usually meets with in such situations. We would incline to restrict this employment to the female sex, and protect it by a code of "*women's rights*," henceforward!

Let parents, at all events, use their common sense, in adapting the occupations they select, to the constitutions of their children; and we shall, not improbably, as one result, see a decrease in that fearful rate of mortality which now attaches to the ghastly *Queen* of diseases—Consumption! We have become so accustomed to see her lead off the dread array of death, that but little impression is made as we read the number of her weekly victims. What a cry there would be, however, if cholera or yellow fever should step in, for a while, with only an equal account! Who will say that a vast deal may not be done to diminish this loss of life?

To a medical man, no sight can be more melancholy than that of a room full of human beings, who ought to have thousands of times as much air as they do, laboring, some sitting, some standing, some *stooping*—all unhealthily circumstanced. This is neither an infrequent nor an exaggerated picture; and women are the chief sufferers. In this connection, the well-known and graphic words of Hood, recur involuntarily: "Stitch—stitch—stitch—from weary morn till night,"—and, as he has too truly said, "a *shroud*, as well as a shirt." Modern invention has, however, done a vast deal, of late, for the physical good of the race, while so much more labor is demanded of every one than ever before; and we were forcibly impressed with this fact, some days since, while watching the easy and efficient action of a truly model sewing-machine, at 202 Washington street; the invention, we believe, of a New Englander—Mr. —— Robinson. What particularly struck us, it being "*in our line*," was the voluntary remark from a young girl, an employee, that, whereas her health did not allow her to sew *at all*, in the ordinary way, she could use one of these machines without any fatigue, for hours, and would rather work than not! So slight a weight of the foot carries the machine, which is compact and light, that the operator *sits erect*—there need be no contraction of the chest (indeed, the straighter the figure, the easier the work—no *work*, either), none of that "tired feeling of the stomach" we have so often heard semptresses complain of; no aching necks from bending over the work—no weary fingers—really it is but a pastime—yet an exceedingly efficient and useful one;—and, *hygienically*, as being undoubtedly calculated to prevent much physical trouble, we endorse the invention fully, and recommend its trial to workwomen, whether in the shop or the parlor.

We intended to refer to several other occupations—but must regard our space and the patience of our readers. There is one point which may be mentioned with propriety, and possibly with advantage, viz., the adaptation of the *diet* to the sort of work done. It is by no means uncommon to find the sedentary man devouring as much, or at least as substantial, food, as the

farmer or day laborer. Sooner or later this must prove injurious; not only does he not need such hearty meals, but they positively burden his stomach; and his gratifications recoil upon him in the shape of *dyspepsia*. To exorcise this demon, stimulation by ardent spirits is too often resorted to; the evil "grows by what it feeds upon," and finally, hypochrondriasis, deep despondency, mania—even *suicide*, follow. This is not an overdrawn statement; these influences must enter largely into the causation of so large an amount of self-destruction as has appalled the community within the past two or three years. Let all, then, who by word, deed, or by silent influence, can lend their aid to the application, not only of sound common-sense teaching, but of scientific medical testimony and principles, to the better choice, arrangement and pursuit of the various avocations followed by our people, do so, conscientiously and fearlessly—the reward will be "to them and to their children."

Health of Boston.—Scarlet fever continues to prevail in the city, and in a very fatal form, eight deaths from it having been reported for the last week, against four, which occurred during the previous week. In other respects Boston maintains its usual healthy condition at this season, though the number of deaths slowly increases, the figures for the last three weeks having been 58, 60 and 74. We notice but few fatal cases of diseases which usually prevail at this time.

Analysis of Urinary Calculi.—The following is a correct re-print of the first table in Dr. White's article, in our 23d number.

Calculi consisting of uric acid,								10
"	"	"	and urate of ammonia,					20
"	"	"	"	"	and urate of soda,			10
"	"	"	urates of ammon., soda, potass., lime and magnesia					6
"	"	"	and oxalate of lime,					7
"	"	"	urates and oxalate of lime,					20
"	"	"	"	"	"	and phosphates		12
"	"	"	"	and phosphates,				12
"	"	urates, oxalate of lime, and phosphates,						5
"	"	"	and phosphates,					6
"	"	oxalate of lime,						2
"	"	"	"	and phosphates,				3
"	"	carbonate of lime and	"					10
								123

Books and Pamphlets Received.—The Medical Profession in Ancient Times. An Anniversary Discourse before the New York Academy of Medicine, Nov. 7th, 1855 By John Watson, M.D., Surgeon to the New York Hospital.—New Remedies, with Formulæ for their Preparation and Administration. Seventh edition. By Robley Dunglison, M D., &c.—The Dissector's Manual, or Practical and Surgical Anatomy. By Erasmus Wilson, M.D., F.R.S. Third American, from the last London edition, modified and re-arranged by William Hunt, M.D.

Communications Received.—Suggestions on the Treatment of Dysentery.

MARRIED,—In Waltham, 15 h inst., Algernon Coolidge, M D., of this city, to Miss Mary Lowell, eldest daughter of Francis C. Lowell, Esq., of Waltham.

Deaths in Boston for the week ending Saturday noon, July 19th, 74. Males, 37—females, 37. Accident, 3—apoplexy, 2—inflammation of the bowels, 1—congestion of the brain, 1—consumption, 12—convulsions, 4—cholera infantum, 2—diarrhœa, 1—dropsy, 2—drowned, 3—debility, 2—infantile diseases, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 8—laryngitis, 1—disease of the heart, 4—hemorrhage (rupture of a bloodvessel), 1—intemperance, 1—inflammation of the lungs, 2—disease of the liver, 2—measles, 2—old age, 3—disease of the spine, 1—scrofula, 1—smallpox, 2—sun stroke, 3—teething, 2—thrush, 1—unknown, 2—worms, 1.

Under 5 years, 27—between 5 and 20 years, 10—between 20 and 40 years, 22—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 47—Ireland, 17—England, 3—Scotland, 1—Germany, 1—British Provinces, 1—Mexico, 1.

Formula for the Administration of Phosphate of Lime.—The majority of physicians have abandoned the use of phosphate of lime on account of its insolubility; in fact, when it is given alone, it is almost inert. According to Mr. Kuchenmeister, of Zittau, this is no longer the case when this salt is combined with the carbonate of the same base; and with the addition of an acid, a soluble combination and truly useful medicine is then formed. The following are the proportions recommended by the author:—Carbonate of lime, two drachms; phosphate of lime, one drachm; sugar of milk, three drachms. M. Kuchenmeister sometimes adds from fifteen grains to half a drachm of lactate of iron, and directs three pinches of the powder to be taken at the commencement of a meal. The chief object of the addition of the carbonate to the phosphate of lime, is to facilitate the solution of the latter. Under the influence of lactic acid or of hydrochloric acid, which normally exist in the digestive tube, the carbonic acid of the carbonate is disengaged, and a portion of the lime is rendered soluble. The sugar of milk is intended to furnish lactic acid. Finally the author remarks, that in order to determine the solution of the phosphate of lime, it is necessary to bring it into contact with albuminates, which occurs when it is administered with food.—*Charleston Medical Journal and Review*, from *Presse Medicale Belge*.

Honors to Medical Men.—The Minister of Agriculture and Commerce of the French empire, has made the following acknowledgments of services rendered in 1855, when the cholera raged on the Lower Rhine:—*Gold Medals* to three physicians and one health officer. *Silver Medals* to five physicians and three medical students. *Bronze Medals* to six physicians. Mon. A. Millet, acting professor at the medical school at Tours, has been authorized to wear the decoration of Knight of the Order of Leopold (Belgian), and Mon. J. Sichel, the oculist at Paris, has been authorized to wear the decoration of Commander of the (Spanish) Order of Isabel the Catholic.—*American Medical Monthly*.

American Society of Dental Surgeons.—This *parent* society stands adjourned to meet in New York on the fifth of August. We hope and trust that the members will endeavor to be *all* on hand. The business postponed from last year is important. We hope the attendance will fully demonstrate the fact, that whatever reasons the society may have for discussing the propriety of its dissolution, a want of vitality is not one of them. And if the society should find that its office is fulfilled, that its work is done, and that other associations have arisen under its parental care, better adapted to the present wants of the profession, let its departure be regarded as a resignation, not as a dissolution. And should it retire from active life, still it can never die. It will live in the literature of the profession. It must live, because the world is the better for its having lived. Should it, however, resolve to continue in active duty, may its future triumphs be equal to its past success.—*Dental Register of the West*.

New Form of Astringent Application. By Dr. William Bayes, Brighton.—Pure glycerine dissolves nearly its own weight of tannin, affording a very powerful local astringent application.

The solution of tannin in pure glycerine appears to me to supply a desideratum long felt, and capable of a great variety of useful applications.

The solvent property of glycerine over tannin, allows us to form a lotion of any desirable strength, as the solution is readily miscible with water.

The solution of tannin in glycerine, in one or other of its strengths, is peculiarly applicable to many disorders of the mucous membrane, readily combining with mucus, and forming a non-evaporizable coating over dry membranes; hence it may with benefit be applied to the mucous membranes of the eye and ear in many of their diseased conditions. It forms a most convenient application to the vaginal, uterine, urethral, or rectal membranes, where a strong and non-irritant astringent lotion is desired.

In local hæmorrhages, where the bleeding surface can easily be reached, it will prove very convenient, and may be applied either with a sponge or small brush.

The solution should be kept in the dark, and not be prepared for any great length of time before used, or decomposition will occur.

It is singular that glycerine does not possess the same property towards gallic acid.—*Association Medical Journal*.